

# **ELUNDINI LOCAL** **MUNICIPALITY**



## **GENERAL SERVICE PROVIDERS** **DATABASE** **APPLICATION FORM**

# **ELUNDINI LOCAL MUNICIPALITY**

## **APPLICATION FORM FOR GENERAL SERVICE PROVIDERS TO BE INCLUDED ON THE ELUNDINI LOCAL MUNICIPALITY GENERAL SERVICE PROVIDER'S DATABASE.**

### **Please note:**

This form must be completed by all applicants wishing to register as a service provider with the Elundini Local Municipality [ELM]. Please reflect all the goods/service provided by the firm. Also reflect the expertise and experience **Other relevant** additional documentation may also be attached. The Municipality will determine the suitability of firms for entry into its database, based on the information provided.

### **All sections of the application form must be completed in full.**

The application form is to be completed by the duly authorised official of the firm.

**New Application**

**Updated Application**

**Date:**

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**Registered name of the business**

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### **Once the Application is completed return it to:**

The Supply Chain Management Unit  
1 Seller Street  
Maclear  
5480

or posted to:

The Supply Chain Management Unit  
P O Box 1  
Maclear  
5480

**CONTACT DETAILS**

**1.** Contact person \_\_\_\_\_

Phone No: \_\_\_\_\_

Cell No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-Mail \_\_\_\_\_

**2.** Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

**3.** Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

**4.** Eastern Cape Offices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5.** National Offices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                                     |        |     |
|-------------------------------------|--------|-----|
| Preferred method for correspondence | E-MAIL | SMS |
|-------------------------------------|--------|-----|

**PARTICULARS OF FIRM**

**1. Name of Firm**\_\_\_\_\_

**2. Name of Managing Principal Member**\_\_\_\_\_

**3. Type of firm (tick relevant box)**

- Public Company Ltd
- Private Company (Pty) Ltd
- One person business/sole proprietor
- Close corporation
- Partnership
- Trust
- Co-operative
- Community Based Organization (CBO)
- Voluntary Association
- Foreign Company
- Consortium
- Other (specify)

**4. Country of registration or incorporation**\_\_\_\_\_

**5. Nature of Business :**\_\_\_\_\_

**6. Did your firm exist under a previous name (Y/N)**\_\_\_\_\_

**6.1 If yes, what was its previous name?**

**6.2 Who were the owners/partners/directors**\_\_\_\_\_

**7. List all the partners, proprietors and shareholders by name, identity number, citizenship and shareholding:**

| Name | ID number | Citizenship | Date of Ownership | % Share-Holding /Ownership |
|------|-----------|-------------|-------------------|----------------------------|
|      |           |             |                   |                            |
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|      |           |             |                   |                            |

**NB: Where owners are themselves a corporate entity or partnership, please identify such.**

**8. Percentage of total shares/ownership by each of the following groups:**

|                       |                          |                       |                       |
|-----------------------|--------------------------|-----------------------|-----------------------|
| <b>% Black male</b>   | <b>% Coloured male</b>   | <b>% Asian male</b>   | <b>% White male</b>   |
|                       |                          |                       |                       |
| <b>% Black female</b> | <b>% Coloured female</b> | <b>% Asian female</b> | <b>% White female</b> |
|                       |                          |                       |                       |

**9. List the following for each partner, proprietor, shareholder, Director and senior officer of the enterprise:**

| <b>Title</b> | <b>Name</b> | <b>Race</b> | <b>Gender<br/>M/F</b> | <b>Disabled<br/>Yes/ No</b> | <b>% of time<br/>devoted to<br/>enterprise</b> |
|--------------|-------------|-------------|-----------------------|-----------------------------|------------------------------------------------|
|              |             |             |                       |                             |                                                |
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|              |             |             |                       |                             |                                                |

**8. Management Structure (Percentage of management on executive level in each of the following groups)**

|                       |                          |                       |                       |
|-----------------------|--------------------------|-----------------------|-----------------------|
| <b>% Black male</b>   | <b>% Coloured male</b>   | <b>% Asian male</b>   | <b>% White male</b>   |
|                       |                          |                       |                       |
| <b>% Black female</b> | <b>% Coloured female</b> | <b>% Asian female</b> | <b>% White female</b> |
|                       |                          |                       |                       |

## 9. B-BBEE Empowerment

|                                  |     |                                |
|----------------------------------|-----|--------------------------------|
| Do you have a B-BBEE certificate | YES | Please attach certificate      |
|                                  | NO  | Please indicate any intentions |

|                                           |  |                       |
|-------------------------------------------|--|-----------------------|
| Annual turnover                           |  | Tick the relevant box |
| Less than <b>R5m</b>                      |  |                       |
| More than <b>R5m &amp; Less than R35m</b> |  |                       |
| More than <b>R35</b>                      |  |                       |

|                                              |     |                     |
|----------------------------------------------|-----|---------------------|
| Are you an Exempted Micro Enterprise (EME) ? | YES | Please attach proof |
|                                              | NO  |                     |

|                                                                                                               |  |                       |
|---------------------------------------------------------------------------------------------------------------|--|-----------------------|
| Where was the B-BBEE certificate issued?                                                                      |  | Tick the relevant box |
| Accounting officers as contemplated in section 60(4) of the Closed Corporations Act, Act No. 69 of 1984 (CCA) |  |                       |
| Verification Agencies accredited by SANAS                                                                     |  |                       |
| Registered auditors approved by the Independent Regulatory Board of Auditors (IRBA)                           |  |                       |

### TO BE COMPLETED BY SERVICE PROVIDERS OTHER THAN EMES

|                                           |  |                       |
|-------------------------------------------|--|-----------------------|
| Where was the B-BBEE certificate issued?  |  | Tick the relevant box |
| Verification Agencies accredited by SANAS |  |                       |
| Registered auditors approved by the IRBA  |  |                       |

|                                                                     |     |  |
|---------------------------------------------------------------------|-----|--|
| Are you a start-up enterprise?<br>(Less than 12 months in business) | YES |  |
|                                                                     | NO  |  |
| Date of commencement of business                                    |     |  |

|                                                                    |     |  |
|--------------------------------------------------------------------|-----|--|
| Is 50% of your business owned by South African black people        | YES |  |
| Is 30% or more of your business owned by South African black women | NO  |  |

***All information must be filled in spaces provided. If additional space is required, additional sheets may be attached. The onus is on the Service Providers to fill in all the information. Failure to do so will result in points being lost under B-BBEE status level points.***

**10. Co/CC Registration Number:**\_\_\_\_\_

**11. Vat Registration Number:**\_\_\_\_\_

**12. Company income tax reference number:**\_\_\_\_\_

Note: Insert personal income tax reference number if one – man business and personal income tax reference numbers of all parties if a partnership.

**13. Banking details:**

**Current Banking Details:**

**Please attach an original cancelled cheque or an original bank verification letter.**

Bank : \_\_\_\_\_

Branch number/code: \_\_\_\_\_

Branch Location: \_\_\_\_\_

Bank Account number: \_\_\_\_\_

Account type: \_\_\_\_\_

Date the account was opened: \_\_\_\_\_

*Signatories Name/s, Surname/s and ID number/s:*

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## **REGISTRATION PREREQUISITES:**

**NOTE: SERVICE PROVIDERS WILL NOT BE REGISTERED ON THE DATABASE IF THE FOLLOWING PREREQUISITES ARE NOT MET:**

1. Certified Company registration and/other registration documents and ID copies of company members/partners/directors.
2. VAT registration (where applicable)
3. Valid Original Tax Clearance Certificate
4. Copy of COID registration certificate / proof of Registration with Commissioner for Compensation (Workman's Compensation), where applicable)
5. Any other registration certificate pertaining to your relevant industry SOB for security companies, ECB (Electrical Board)etc.
6. B-BBEE status level certificate by Accountants/Independent Auditors (Can you attach this information in the banking details section).
7. Latest municipal account /letter from ward councilor.
8. Certificate of acceptability of premises for food preparation (Caterers)
9. Original cancelled cheque or original bank verification letter
10. A concise company profile (max 2 pages)
11. Complete Previous/Past Experience must be completed
12. The form must be filled in blank ink and all parts of the form must be completed and an explanation must be provided where information is not completed
13. Submit Company composition on the provided tables

**PLEASE PROVIDE THE FIELD OF COMPETENCE (CATEGORY OF WORKS) YOUR FIRM WILL BE REGISTERING IN, e.g. LIST OF GOODS/SERVICES PROVIDED (MORE THAN (1) FIELD OF COMPETENCE MAY BE SELECTED BUT NOT MORE THAN FIVE FIELDS)**

- Air Conditioning Repairs And Maintenance Contractors
- Air Conditioning Suppliers
- Aluminum & Steel Contractors
- Auctioneers
- Audio Video Conferencing Equipment
- Battery Suppliers
- Blinds: Installation And Suppliers
- Building Material Suppliers
- Car/Bus Hire
- Catering
- Cellular Service Provider
- Cleaning Materials
- Computer And Software Suppliers
- Contract Cleaning
- Courier Service
- Domestic And Commercial Appliances Suppliers
- Electrical And Engineering Equipment
- Electrical Repairs And Maintenance
- Events Management (Performers, Sound System, Stage, PAVs, lights etc.)
- Fire Equipment (Sales And Service)
- Glass Repairs And Suppliers
- Hiring Services (Tent, Tables & Chairs)
- Interior Decorating (Roof and Wall Dripping, Traditional Décor)
- IT Consumables (Toners)
- Laboratory Equipment
- Locksmith Specialists
- Network Cabling
- Office Furniture and Supplies
- Pest Control
- Plumbing Suppliers
- Printing and Design Services
- Professional photographers
- Promotional Wear and Gifts
- Protective Clothing Suppliers
- Repairs And Sales Of Domestic And Commercial Appliances
- Repairs To Water Pumps And Water Control Systems
- Sign Manufacturers
- Stationery Suppliers
- Suppliers Of Agricultural Implements and goods
- Suppliers Of Bearings And Seals
- Suppliers Of Crop Spraying Equipment
- Suppliers Of Pumps For Sewage And Water Supply
- Suppliers Of Pipe System For Water, Sewerage And Industrial Applications
- Telecommunications
- Vehicle Body Repairs
- Vehicle Maintenance And Repairs
- Washroom Hygiene Service
- Water and Sanitation Chemical Suppliers
- Water Treatment Specialists
- Window Cleaning

**OTHER**

PAST EXPERIENCE 1

Service Providers must furnish hereunder details of similar works/service, which they have satisfactorily completed in the past. The information shall include a description of the Works, the Contract value and name of Employer.

| EMPLOYER | NATURE OF WORK | VALUE OF WORK | DURATION AND COMPLETION DATE | EMPLOYER CONTACT NO. |
|----------|----------------|---------------|------------------------------|----------------------|
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**DATE** **SIGNATURE OF SERVICE PROVIDERS**

**PAST EXPERIENCE 2**

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Service Provider must furnish hereunder details of similar works/service, which they have satisfactorily completed in the past. The information shall include a description of the Works, the Contract value and name of Employer.

| PREVIOUS AND/OR CURRENT PROJECTS UNDERTAKEN <u>FOR ELM</u> |                |                     |                                      |
|------------------------------------------------------------|----------------|---------------------|--------------------------------------|
| PROJECT NAME                                               | AWARDED AMOUNT | CONTRACT START DATE | ANTICIPATED / ACTUAL COMPLETION DATE |
|                                                            |                |                     |                                      |
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**DATE**

**SIGNATURE OF SERVICE PROVIDERS**

**DECLARATION OF INTERESTS (KINSHIP, RELATIONSHIP WITH PERSONS EMPLOYED BY ELM)**

In terms of the Municipal Supply Chain Management Regulations, no person or persons employed by the State may be awarded a bid by any municipality.

Any legal person, or persons having a kinship with persons employed by the ELM including a blood relationship, may undertake business with ELM. In view of possible allegations of favoritism, should a resulting bid or part thereof be awarded to persons connected with or related to an employee of ELM, it is required that the service provider or his/her authorized representative declare his position vis-à-vis the evaluating authority and/or take an oath declaring his/her interest, where-

- the legal person on who's behalf the bid document is signed, has a relationship with persons/a person who are/is involved with the evaluation of the bid(s), or where it is known that such a relationship exists between the person or persons for or on who's behalf the declarer acts and persons who are involved with the evaluation of the bid.

In order to give effect to the above, the following questionnaire shall be completed and submitted with this application.

Do you, or any person have any relationship (family, friend, other) with a person employed with the ELM or its administration and who may be involved with the evaluation, preparation and/or adjudication of any bid?

**Yes/No**

If so, state particulars

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Are you or any other person connected with this application, employed by any organ of State?

**Yes/No**

If so, state particulars

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**SIGNATURE OF DECLARER**

**DATE**

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**POSITION OF DECLARER**

**NAME OF COMPANY OR SERVICE**

## **PROVIDER**

**DECLARATION OF INTEREST (IN THE SERVICE OF THE STATE) (MBD 4)**

- 1. In terms of the Municipal Supply Chain Management Regulations any person employed by the state, cannot undertake business with ELM.
- 2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
  - 2.1 Are you or any person connected with this application, employed by the state?

**YES / NO**

2.1.2 If so, state particulars.

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**DECLARATION**

I, the undersigned  
(name).....

Certify that the information furnished in paragraphs 2.1 to 2.3.1 above is correct. I accept that the state may act against me in terms of paragraph 23 of the general conditions of contract should this declaration prove to be false.

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**Signature** **Date**

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**Position** **Name of Service Provider**

